10 722400

									App	Dication	oLñ	ocket Nun	nber		
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									ı	~ 	_				
									110722470						
CLAIMS AS FILED - PART I								SMALL	ENT	TY		OTHER			
TOTAL CLAIMS (Column 2)								TYPE	<u> </u>		OR	SMALL			
TOTAL CLAIMS			16					RATE		FEE		RATE	FEE		
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC FEE		385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			(b) minus 20=		• 8			X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS			<u></u> minus 3 =					X43=			OR	X86=			
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=			OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTAL			OR	TOTAL	770			
1 OC CLAIMS AS AMENDED - PART II									OTHER THAN						
\bigcirc	200 (Column 1) (Column 2) (Co							SMAL	LEN	ITITY	OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER		HIGH NUME PREVIO	BER	PRESENT EXTRA		RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	- 1.	Minus	## Ó	Ö	= 0		X\$ 9=		/ CL_	OR	X\$18=	0		
			Minus	***	3	= 🕥	X43=		T		OR	X86=	0		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						¹	+145=	Ī		OR	+290=	0		
								TOTA	_		OR	TOTAL	3		
		4	NDDIT. FE	- -		,	ADDII. FEET								
AMENDMENT B	(Column 1) CLAIMS REMAINING		(Colum HIGHE NUMB		EST	(Column 3)	l L		A	NDDI-	ſ		ADDI-		
		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	4	ONAL FEE	ľ	RATE	TIONAL FEE		
	Total	*	Minus	**	<u>UH</u>	=		X\$ 9=	†		OR	X\$18=	- '		
	Independent	•	Minus	***		=	1 H	X43=				X86=			
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╬		OR	∧60=			
										: :	OR	+290=			
AL											OR ,	TOTAL ADDIT, FEE			
		_													
AMENDMENT C	•	CLAIMS REMAINING		HIGHE		(Column 3) PRESENT	\prod			DDI-	ſ	RATE	ADDI-		
		AFTER AMENDMENT		PREVIO		EXTRA		RATE		ONAL FEE_			TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=	T		OR	X\$18=			
	Independent	*	Minus	***		=		X43=	1		OR	X86=			
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+						
	* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=			
 t	**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									•	OR ,	TOTAL DDIT. FEE			
		mber Previously Paid ber Previously Paid								riat box					
												•			